STATUS REPORT C-1 WEB (12/05) P.O. BOX 488 MONTPELIER, VERMONT 05601-0488

TELEPHONE: 802-828-4344 FAX: 802-828-4248

VERMONT EMPLOYER NUMBER

COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS.

YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY

									1. FEDER				AL ID NUMBER							
													-	-			- 1			
2. EMPL	OYER'S	LEGA	L NAM	ИE						5. MAILING	ADDRESS	 3		TREE	T					
3. TRADE OR DBA NAME (LIST ALL)						- (CITY				STATE ZIP CODE					ODE				
4. ATTENTION OR C/O NAME					5A. E-	E-MAIL ADDRESS/WEB ADDRESS 5				5B.TEL	TELEPHONE NUMBER 5C. FAX NUMBER									
6. TYPE OF ORGANIZATION (CHECK ONE) SOLE-PROPRIETORSHIP OR DOMESTIC PARTNERSHIP CO-OWNER (Husband/Wife or Civil Union Partner									artner:	s)										
☐ LIMITED LIABILITY COMPANY (LLC/LLP) ☐ ASSOCIATION ☐ TRUSTEE IN BANKRUPTCY																				
☐ 501 (c)(3) CORPORATION, ATTACH IRS EXEMPTION ☐ CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION																				
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:																				
NAI	ME				S	OCIAL SEC	URITY NO	. TITL	TITLE HOME ADDRES				S (NO P.O. BOXES)							
7A. FIRST DATE OF EMPLOYMENT IN VERMONT: DATE FIRST WAGES PAID IN VERMONT:																				
7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX? NO YES, LIST YEARS																				
						EACH WEE). IF
				URE WA		CALENDA	R YEAR LI	STED BEI	LOW, PL	EASE ATTA	ACH ADDII	IONAL SE	EE IS WI	IH IHI			R QUA			
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7-Jan	14-Jar	າ 21	I-Jan	28-Jan	4-Feb	11-Feb	18-Feb	25-Feb	4-Mar	11-Mar	18-Mar	25-Mar								
1-Apr	8-Apr	15	-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-Ma	y 3-Jun	10-Jun	17-Jun	24-Jun							
1-Jul	8-Jul	15	-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Au	g 2-Sep	9-Sep	16-Sep	23-Sep	30-S	ер					
7-Oct	14-Oc	t 21	-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec							
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CALEN 1-Jan	ALENDAR YEAR 2005 Jan 8-Jan 15-Jan 22-Jan 29-Jan 5-Feb 12-Feb 19-Feb 26-Feb 5-Mar 12-Mar 19-Mar 26-Mar							SWAG												
1-Jan	o-Jan			ZZ-Jan	29-Jan	3-Feb		19-560			12-IVIAI	19-iviai	20-iviai							
2-Apr	9-Apr	16	-Apr	23-Apr	30-Apr	7-May	14-May	21-May	28-Ma	y 4-Jun	11-Jun	18-Jun	25-Jun							
2-Jul	9-Jul	16	-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Au	g 3-Sep	10-Sep	17-Sep	24-Sep							
1-Oct	8-Oct	15-	-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-No	v 3-Dec	10-Dec	17-Dec	24-Dec							
8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED STREET (NOT RFD OR P.O. BOX #)								-	TELEPHONE NUMBER											
CITY STATE ZIP CODE									FAX NUMBER											
DEPARTMENT USE ONLY																				
STATUS	NAICS		COUNTY		TOWN	LMI NAIC	S			YES	REPORTS DUE		N	□ NONE EXAM		AMINE	INED BY DATE			
									E 3		IN UC		_ n	MAIL TICKLE		(LE D	 E DATE			
LIAB CO	DE	TYPE NEW					ACS				PREDECESSOR OR OLD NO.			ATES						
			□ F	RTA, SAN	ME NO.	☐ PAR	TIAL													
				RTA, NEV		☐ FULI	, TRANSF	ER EXPER	RIENCE				1							

9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO ABE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS? YES NO IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.										
10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER? YES - Complete items 11A-11F and 12 NO, Go to item 12 DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP? YES - Account No.: If YES, Complete items 11A-11F NO - Go to item 12										
11A. DID YOU ACQUIRE ALL? PART? 11B. DATE AC			ACCT. OF BUSINESS ACQU	RED						
11D. NAME OF BUSINESS ACQUIRED										
11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER NONE SOME ALL HOW MANY?										
11F. HOW WAS BUSINESS ACQUIRED? (check one) PURCH. LEASE (SPECIFY NATURE OF THE LEASE)			Y CHANGE							
12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER UNDER THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY?										
YES NO IF YES, COMPLETE QUESTION 13.										
13. IF QUESTION 12 IS "YES" ATTACH A LIST OF ALL OTHER COMMONLY OWNED ENTITIES, THEIR FEDERAL IDENTIFICATION NUMBER, VERMONT EMPLOYER ACCOUNT NUMBER, IF ANY, WHETHER OR NOT THEY OPERATE IN VERMONT, AND THE NATURE OF EACH BUSINESS.										
A. WHO ADVISED THE ORGANIZATION TO MAKE THE ENT	TITY CHANGE?									
B. WHO CAN WE CONTACT FOR MORE INFORMATION IF I	NECESSARY?									
NAME:	TELEPHONI	E NUMBER:								
ADDRESS:	FAX NUMBE	ER:								
E-MAIL:										
FOR MULTISTAT	E EMPLOYERS - LOCAL	IZATION OF EMPL	OYMENT							
PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUALS WORKING FOR YOU IN VERMONT. IF THE INFORMATION VARIES BY EMPLOYEE, PLEASE PROVIDE THE INFORMATION FOR EACH EMPLOYEE ON AN ADDITIONAL SHEET AND RETURN THE INFORMATION WITH YOUR COMPLETED STATUS REPORT. A. HAS THE EMPLOYEE(S) WORKED FOR YOU IN ANOTHER STATE BEFORE WORKING FOR YOU IN VERMONT? YES NO IF YES, PROVIDE DATES OF EMPLOYMENT BY STATE. DATES: STATE: STATE: STATE: NO IF YES, DOES YOUR COMPANY JOB COST? YES NO C. IS THE VERMONT EMPLOYMENT DUE TO A PERMANENT RELOCATION TO THIS STATE? YES NO										
NATURE OF BUSINESS ACTIVITY										
14A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF IN VERMONT	F ACTIVITY 14B. LIS	ST PRINCIPLE PRODUC [*]	T(S) OR SERVICE(S), IN ORI	DER OF IMPORTANCE						
14C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW PLEASE SPECIFY THE PERCENTAGES IN 14A. ABOVE. PI				IPLE BUSINESS TYPES,						
Agriculture, Forestry, Fishing & Hunting Mining Information Utilities Construction Real Estate & Rental & Leasing Manufacturing Wholesale Trade Retail Trade Educational Services Health Care & Social Assistance Arts, Entertainment & Recreation Accommodation & Food Services Other Services (Except Administration Management of Companies & Enterprises Administrative & Waste Services										
IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT EMPLOYER SERVICES AT (802) 828-4344 OR ACCESS THE WEB AT http://www.naics.com/search.htm FOR MORE INFORMATION.										
15. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont. EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.										
16. PERSON IN POSSESSION OF PAYROLL RECORDS	TITLE		PHONE	FAX						
17. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., O	R HEAD OF HOUSEHOLD	TITLE		DATE						